

Inspection Report

9 December 2022



Lecale Lodge

Type of Service: Residential Care Home
Address: 26 Strangford Road, Downpatrick, BT30 6SL
Tel No: 028 4461 6487

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Ann's Care Homes Limited</p> <p>Responsible Individual: Ms Charmaine Hamilton</p>	<p>Registered Manager: Ms Aine Devine – not registered</p>
<p>Person in charge at the time of inspection: Miss Louise Mackle, Nurse in Charge</p>	<p>Number of registered places: 15</p> <p>A maximum of 11 residents in category RC-MP/MP(E) and a maximum of 4 residents in category RC-I.</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 13</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 15 residents. The residential unit is on the second floor of the building. Residents have access to the communal lounge, the dining room and the garden.</p> <p>There is a Nursing Home which occupies the first and second floors and the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 December 2022 at 10:20 am to 5:40 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective, and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery, care plans and maintaining good working relationships.

Three areas for improvement have been identified in relation to health and safety, Control of Substances Hazardous to Health (COSHH) and submission of notifications to RQIA.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Miss Louise Mackle, Nurse in Charge, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with ten residents individually, small groups of residents in the dining room and three staff. Visitors were unavailable to consult with.

Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received seven responses from the resident/relative questionnaires which confirmed they were very satisfied that care was safe, effective, compassionate and well-led. No staff questionnaires were received within the timescale specified.

A staff member spoken with commented:

“All’s good. I have no issues with staffing levels and I had good training to do my job. We have a good supportive staff team and the manager is approachable.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“Thank you all for your hard work and dedication. You have all done a great job. You are always in our prayers.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Lecale Lodge was undertaken on 11 January 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including first aid, moving and handling, infection prevention and control (IPC), fire safety and adult safeguarding. Further training was provided regarding falls/fracture prevention. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The nurse in charge advised supervision is ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The nurse in charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

It was noted that there were enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; residents were supported to spend time in their own bedrooms or in the communal lounge area.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Review of care records regarding nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed by the SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together. Staff wore aprons and the daily menu was displayed in the dining room showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. For example; residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents spoke positively about the cleanliness of the home and how staff kept their rooms clean on a regular basis.

The sluice room was observed to be appropriately locked. However, a linen cupboard that housed a junction box with electric fuse switches was seen to be unlocked and easily accessed. This was discussed with the nurse in charge as it could cause potential harm to residents' health and welfare and an area for improvement was identified.

On review of the environment it was observed that a cupboard containing chemicals was unlocked and laundry and cleaning products could be easily accessed. The safe storage of chemicals was discussed with the nurse in charge who ensured the cupboard was locked immediately. An area of improvement under regulation was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board, in the corridor of the unit, advising residents of forthcoming events. Residents' needs were met through a range of individual and group activities such as, visiting school choirs singing Christmas songs, arts and crafts and a visit from Santa.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Discussion with staff evidenced that the manager's working patterns supported effective engagement with residents, their representatives and the multi-professional team. Ms Aine Devine, has been the manager of this home since 22 November 2021. The manager was not on duty on the day of inspection. Staff members were able to identify the person in charge of the home in the absence of the manager.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Ms Lorraine Thompson, Regional Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the person in charge confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accident/incident records in comparison with the notifications submitted by the home to RQIA in accordance with regulation. It was noted that appropriate action had been taken at the time regarding two accident/incidents. However, on both occasions RQIA were not notified accordingly. This was discussed with the person in charge and an area for improvement was identified.

Discussion with the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and infection prevention and control (IPC) practices, including hand hygiene.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately. Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The nurse in charge advised that resident and staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff commented positively about the manager and described her as supportive and approachable.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Louise Mackle, Nurse in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Discussed with staff and the Linen store was then locked during the inspection. A keypad has been attached to the door to prevent the need for a key.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that residents are protected from hazards to their health.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Chemicals have been removed from identified area and staff made aware. This will be monitored during the Home Managers walk around.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that appropriate notifications are submitted to RQIA without delay.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The two identified Reg30 were sent following the inspection. All relevant notifications will be submitted as per RQIA guidance.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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